

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>09/914982</i>	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2		1/					52					
3		1/2					53					
4		1/					54					
5		1/					55					
6		1/					56					
7		1/					57					
8		1/					58					
9		1/					59					
10		1/					60					
11		1/					61					
12		1/					62					
13		1/					63					
14		1/					64					
15		1/					65					
16		1/					66					
17		1/					67					
18		1/					68					
19		1/					69					
20		1/					70					
21		1/					71					
22		1/					72					
23		1/					73					
24		1/					74					
25		1/					75					
26		1/					76					
27		1/					77					
28		1/					78					
29		1/					79					
30		1/					80					
31		1/					81					
32		1/					82					
33		1/					83					
34		1/					84					
35		1/					85					
36		1/					86					
37		1/					87					
38		1/					88					
39		1/					89					
40		1/					90					
41		1/					91					
42		1/					92					
43		1/					93					
44		1/					94					
45		1/					95					
46		1/					96					
47		1/					97					
48		1/					98					
49		1/					99					
50		1/					100					
TOTAL IND.	<i>2</i>						TOTAL IND.					
TOTAL DEP.	<i>20</i>	↓	↓	↓			TOTAL DEP.	↓	↓	↓		
TOTAL CLAIMS	<i>22</i>						TOTAL CLAIMS					

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